

PART B - FEE(S) TRANSMITTAL

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7590 05/30/2006
Ansel M Schwartz
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09/07/2006 JBALINAR 00000022 10051198

81 FC:1501 1400.00 DP
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Tracey L. Klaas	(Depositor's name)
<i>Tracey L. Klaas</i>	(Signature)
August 30, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/051,198	01/18/2002	Andrew V. Hoar	CRESC-00XXX	9680

TITLE OF INVENTION: DUAL USE RATE POLICER AND RE-MARKING LOGIC
03 FC:8001 **30.00 DP**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/30/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, CHI HO ANDREW	2616	370-230000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <p> <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. </p>	2. For printing on the patent front page, list <p> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. </p>	1 <u>Ansel M. Schwartz</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ericsson AB

Stockholm, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0737 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Ansel M. Schwartz

Typed or printed name Ansel M. Schwartz

Date 8/30/06

Registration No. 30,587

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